ATTACHMENT A APRIL 12, 2006 PDC MINUTES

Professional Development Committee The Place in Innsbrook, Richmond, Virginia April 12, 2006 10:30 AM

Members Absent:	Staff:	Others:
Dave Cullen	Gary Brown	Bobby Baker
	Scott Winston	Marcia Pescitani
	Warren Short	Arthur R. Lyles
	Tom Nevetral	Matt Dix
	Chad Blosser	Harry Baird
	Greg Neiman	Lorna Ramsey
		Heidi Hooker
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		Dave Cullen Scott Winston Warren Short Tom Nevetral Chad Blosser

Topic/Subject	Discussion	Recommendations,
		Action/Follow-up; Responsible
		Person
I. Welcome	The meeting called to order by Dr. Dudley at 10:35 AM.	
II. Introductions	Members of the committee and staff introduced themselves and who they represented.	
III. Minutes	The minutes of January 11, 2006 were approved with a change. (Attachment A)	
IV. Committee Membership	The VAVRS position is up for reappointment this year. Warren Short will notify the VAVRS for	
	an appointment.	
V. Office Staff	Warren Short informed the committee of staffing changes and updates	
	a. BLS Training Specialist: Greg Neiman joined the Office February 10, 2006 and has	
	hit the	
	ground running.	
	 b. Certification Test Coordinator: The position is still in the approval process. It will be advertised immediately after approval. 	
	c. Training Fund Assistant: The position is still in the approval process. It will be advertised immediately after approval.	
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Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
VI. NREMT Computer Testing	 Tom Nevetral updated the committee on the latest on the NREMT Computer Based Testing Initiative a. Update of Harrisonburg Request: Pearson View will be adding two sites, Richlands and Harrisonburg, to the list of locations for NREMT Written Testing at the request of the Office. b. Seat Availability: Richlands may be a full Pearson View site as opposed to only EMS. c. Concerns: Demand will be the impetus for getting new sites added to the state. Concern was expressed that the need is higher in the Tidewater Area and the Community College is already A Pearson Vue Site. Would they be allowed to test NREMT through their site? Tom stated he would check into the question. 	
VII. Ad-Hoc Committees	 a. BLS Accreditation: Kathy Eubank reported the committee had several meetings. At the first meeting it became apparent that most of the participants were not interested in BLS Accreditation but decided to move forward to form the structure. At the last meeting input was elicited and the committee voted to dissolve. A question was asked as to what were some of the major negatives expressed by the committee. Kathy stated they included It would become a single path instead of a dual path as presented That ALS Accreditation has been a major problem and needed to be fixed before we proceeded with BLS Accreditation, That BLS Accreditation would not solve the problem of poor instructors A feeling that the number of ALS Courses has decreased since the implementation of ALS Accreditation. The committee discussed the sub-committees concerns. A concern was expressed that people took this issue to the legislature instead of allowing the committee process to work. There were concerns that people were pursuing personal agendas, and about the interaction between the Councils and the Advisory Board, the Medical Direction Committee and the Professional Development Committee. It is felt the process should be medically driven and not political. Warren Short and Scott Winston discussed the OEMS Strategic Plan which was approved by the Advisory Board. The plan has objectives, steps, budget, and persons assigned and tasking. It also includes a status review column. Although BLS Accreditation is included in the Plan the status review column will display that this project has been removed from consideration. b. Curriculum Review: ALS: Tom Nevetral reported the committee structure is in place and that he anticipates the first meeting to be sometime in May BLS: Warren Short reported that new EMT-B and First Responder tests will be rolled out after July 1, 2006. They will be AHA Neutral, which means the questions will not be specific to either	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	committee was stalled waiting on the BLS Specialist to be hired, anticipate staffing and the committee having its first meeting in May. c. EMS Instructor Credentialing: Warren Short discussed the committee proposed by Nick Klimenko at the last PDC meeting. The committee will look at both Basic and ALS Instructor Credentialing. The Office will solicit interested names to fill the committee immediately. Nick Klimenko will chair the sub-committee. d. BLS Certification Test Committee: see below e. BLS Certification Evaluators Committee: Warren forwarded the recommendation from the BLS Accreditation sub-committee that, in addition to the EMS Instructor sub-committee the PDC consider the creation of two additional committees, one to look at BLS Testing and one to look at the BLS Test Evaluator program. There was discussion if both committees were needed and whether this would be redundant work that had been completed by the CTS Committee. It was felt that the task required both committees to tackle the issues properly. There was extensive discussion that a general questionnaire would not give accurate results since students tend to rank their instructor high until they fail the written or practicals and suddenly problems begin to appear. It was decided that the questions need to be specific about the course and instructor so that it doesn't matter if they pass or fail.	Motion: - Task the Office to develop a questionnaire delivered to all students at all test sites for 9-12 months (incl NREMT) to evaluate programs to identify specific issues with instruction, curriculum and testing process before forming committees. Made By: Nick Klimenko Second: Kathy Eubank
	mendere de triat il decent i maner il tria) pacce el fami	Motion Withdrawn by Nick Klimenko
		Motion: - Task the Office to develop a survey delivered to all students at all test sites to gather information on where the problems are. Made by: Nick Klimenko Second: Jeff Reynolds Vote: Unanimously approved
		Motion: That the BLS Certification Test Committee and the BLS Certification Evaluator Committee be formed. Made by: Holly Frost Second: Jeff Vote: Unanimously approved.

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
BREAK 12:09 PM		
Committee Reconvened by		
Dr. Dudley at 12:35 PM		
Dr. Dudley at 12:35 PM	Warren Short requested guidance from the Committee regarding the composition of the sub-committees. Jeff Reynolds volunteered as Chairman of the BLS Certification Test Sub-Committee Linda Johnson volunteered as Chairman for the BLS Certification Evaluator Sub-Committee The Regional Councils are encouraged to send representatives to the sub-committee meetings and all interested parties are welcome. Discussion: The tasking of the committee came about as a request to the Office to find alternative options for delivery of EMT-B and the committee would like that task to the Office to	Motion: To endorse the following Committee Structures: BLS Certification Test Committee: 4 EMT Instructors (representing regions of the state) 1 Regional Council Rep 1 VAVRS Representative 1 Representative of the Accredited Programs 1 EMS Program Representative and for the BLS Certification Evaluator Committee: 4 EMT Instructors (representing regions of the state) 1 BLS Evaluator 1 Regional Council Rep 1 VAVRS Representative 1 Representative of the Accredited Programs 1 EMS Program Representative 1 Representative of the Accredited Programs 1 EMS Program Representative Made by: Randy Abernathy Second by: Jeff Reynolds Vote: Unanimously approved Motion: Endorse the dissolution of the BLS
	continue. In addition the committee would like to poll the regional councils to determine what the issues were regarding BLS Accreditation.	Accreditation Sub-Committee while recognizing the
	the issues were regarding beo Accreditation.	importance of the issues which
		led to its formation.
		Made by: Jeff Reynolds
		Second: Linda Johnson
		Vote: Unanimously approved
		vote. Onaminously approved

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
VIII. EMS Instructor Updates	Greg Neiman informed the committee that all of the updates have been set for 2006 and the dates and locations can be found on the OEMS website. The first middle of the week, evening, Update was offered in ODEMSA and was well attended. We will be piloting an Update at the VAVRS Convention this year in September at the request of the TEMS Region so that more of their providers can take classes at Symposium.	
IX. Instructor Institutes	Greg Neiman informed the committee that two Instructor Institutes have been scheduled for 2006; the first is June 10-14 at the VAVRS Rescue College and the second is October 14-18 in Loudon County. The deadline to take the Instructor Written Pre-test for the June Institute was March 15 th , close to 80 eligible candidates were invited to the Practical pre-test scheduled for Saturday April 22 nd in the Roanoke Area. To date, only 38 have indicated they would be attending. Written Pre-testing is ongoing. The written deadline will probably be sometime in July with the practical testing in August for the October Institute.	
X. Regulatory Updates	Warren Short advised the committee that revamping of the DED section of regulations is ongoing. The Training Program Administration Manual (TPAM) must go through the process to become regulation to become enforceable. Everything in the TPAM has already been approved by the Governor's Advisory Board, the Medical Directions Committee and Professional Development Committee. Plans are to have the revised regulations to Mike Berg in May for review. They will then be presented to the Advisory Board at their meeting in August and hopefully enter the NORA process in November. The DED is pursuing the expansion of new technologies and hope to have Web-based CE available by the end of the year.	
XI. Funding	 a. ALSTF: Chad handed out the packet containing the ALSTF Status Report & Accreditation Update (See Attachment B) There was discussion about the funding of ALS CE Programs b. BLS Funding: Warren reported there have been no development c. Status of BLS Funding Project: Warren reported that the Office has begun adding auxiliary courses for the basics to the ALSTF process and we hope to have that up and running July 1, 2006. There is a remaining issue with contracts; the move to changing ALSTF to EMS Training Funds is being held up by the VDH policy prohibiting any VDH employee from teaching in a program that receives funding from the Office. 	
XII. Accreditation Update	See Attachment B	
XIII. AHA Guidelines-BLS	a. BLS: Greg Neiman reported that the Office has issued a plan regarding implementation of the 2005 AHA Guidelines into testing in Virginia. As of July 1, 2006 new First Responder and EMT-Basic written exams will be rolled out which are AHA neutral which means to questions will be specific to either the 2000 or 2005 guidelines. The Virginia Enhanced, Intermediate and Paramedic Exams have been	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	evaluated and no changes are necessary. The National Registry has also issued their rollout plan which is available from their website. As for Practical Testing, there is an issue with the LP-500 Trainers, as configured now, they will not do the 2005 guidelines. We are awaiting information from Medtronic/Physio Control on what the plan is for these devices but anecdotal information suggests they are not upgradeable and will all need to be replaced. We are currently working on a plan to implement changes to the BLS Station. Until July 1, 2006, EMT Instructors should teach their students the 2000 guidelines so they can answer written and perform practicals under those guidelines until the rollout of the new materials. There is a statement in the new guidelines that persons performing CPR with an actual AED should follow the prompts of the device until the manufacturers/owners can replace or upgrade all of the devices which have been deployed in the US. Instructors are encouraged to make this statement in their courses so their EMT's can perform with any device placed in their hands. b. ALS: Tom Nevetral discussed the plans of the National Registry regarding written and practical testing. After June 1, 2006 the NREMT will publish interim pencil-and-paper EMT-Basic and First Responder Exams. After September 1, 2006 the NREMT will publish interim Paramedic, EMT-Intermediate (85 and 99) Exams. The interim examinations will be constructed so that candidates will not be penalized for being trained over either 2000 or 2005 AHA Guidelines for CPR and Emergency Cardiovascular Care. After January 1, 2007 all NREMT cognitive and psychomotor exams will reflect 2005 American Heart Association Guidelines for Emergency Cardiovascular Care. During the transition period, practical exam skill sheets will continue to reflect 2000 guidelines; however instructions to examiners will be modified so that candidates correctly performing to 2005 guidelines are not penalized. (Attachment C)	
XIV. Old Business	a. Web-Based CE Program: Warren Short discussed Web Based CE. We have been working on this for 2 years+. We have developed a server that will receive info from vendors and can transfer that inside to give credit. The Office has been working with an agency to make this happen. The Office is aiming for a Web Based CE by the end of the year, which could award Category 1 CE. EMSAT is currently simulcast via the web if an Agency has a high speed connection can apply to become an accredited site. Providers currently are not able to watch at home and get credit, because there is no evaluation tool, but the Office hopes this will change with the Web Based CE program.	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
XV. New Business	a. SVCC Update: Ricky Lyles presented an update on the Video Streaming Pilot. They currently have 12 students in 2 High Schools. All of the students are passing and have had good results on practicals. They have encountered no problems. At least half are interested in obtaining their certification. The end Date of the program is June 15 th , with students attending the CTS in July. Ricky will return in July to update the Committee. He reports increased interest in the program and the College is seeking an EMT-Instructor for their 2 nd Campus to offer an in-person class. The committee discussed needing to set guidelines on how to proceed if other programs are interested and if SVCC wants to continue this program next year. It was felt that anyone else interested in pursuing this delivery option would need to follow Interim Guidelines until permanent ones can be drafted and they should come and present their plans to the PDC, which would forward recommendations to the Medical Direction Committee.	Office of EMS to come up with Interim Guidelines and distribute DRAFT Permanent Guidelines to the Committee on or before July 1, 2006 for review prior to the July Meeting.
	b. NREMT Update with MDC: Dr. Dudley reported that Bill Brown came to the last Medical Direction Committee and gave an explanation of where they made the divisions in the future levels they will be supporting. Most of it came from the scope of practice. Transition away from Intermediate may take until 2012 or 2016 to complete. It was felt that a middle level, especially Intermediate, serves a critical need for our patients. Warren Short asked if the committee felt it was necessary to consider a new level between E and I which would not require Accreditation. The committee felt it was not needed and that maybe tweaking the accreditation process would be better. It was suggested that maybe the state convert Enhanced to the Advanced EMT proposed in the Scope of Practice and Intermediate would become a state certification only?	Motion: This committee recognizes the importance of the Intermediate providers and support it remaining a level in Virginia Made By: Randy Abernathy Second: Linda Johnson Vote: Unanimously approved
	 C. Opinion on Accreditation: Warren Short requested that the committee consider putting forth a position on ALS Accreditation. There was discussion about the process of Accreditation and the committee felt although it is a long, tedious process provider education is better for it. There is a lot of misinformation and it is cumbersome but there are legitimate issues that can be addressed. Kathy Eubank voted against the measure citing too many problems to support accreditation at this time 	Motion: We strongly endorse the process of accreditation and support a review of the problems with the current process. By: Jeff Reynolds Second: Randy Abernathy Vote: Aye-8, Nay-1

Topic/Subject	Discussion	Recommendations,
		Action/Follow-up; Responsible Person
	d. Use of Scenarios to replace 10 hours/2 Patient Contacts in Clinical/Field Time: Warren Short discussed a recent request received by the Office to utilize Scenarios in place of Clinical/Field component of the EMT Curriculum that requires 10 hours and 2 Patient Contacts. It was discussed that the use of scenarios came about as a result of the mining community, which required EMT-Basics on every shift but they did not have	Warren: Send the committee the current regulations and describe where you see the need and what your concerns are.
	access to clinical or field agencies to complete the requirement. In addition, the mines did not transport, but simply extricate injured miners to an awaiting ambulance. In this request an organization would like to use scenarios for out-of-state EMT providers to get them through a Basic Program because receiving documentation from their home state can delay their ability to work. They would like to use this only for those specific providers and not new in-state providers. There was considerable discussion about the increasing difficulty of both ALS and BLS programs to place EMS Students in Clinical Areas and Field Agencies	Motion: The Office be allowed, on a case-by-case basis, to approve or deny the use of alternative clinical options in place of 10 hours/ 2 patient contacts in the clinical/field arena By: Nick Klimenko Motion ruled out of order by the Chair because it reflects current practice
	Posting of the Committee Member's E-mail addresses: Greg Neiman requested that the committee member's e-mail addresses be linked to their names on the Committee web-page. This would make it easier for providers who have concerns or questions to contact their representative and would increase communication between the committee and the field. This was approved.	
XVI. Dates for 2006 meetings	The next meeting of this committee is scheduled for Wednesday, July 12, 2006.	
XVII. Public Comment	None.	
XVIII. Adjournment	The meeting was adjourned by the Chairman Dr. Dudley at 2:58 PM	

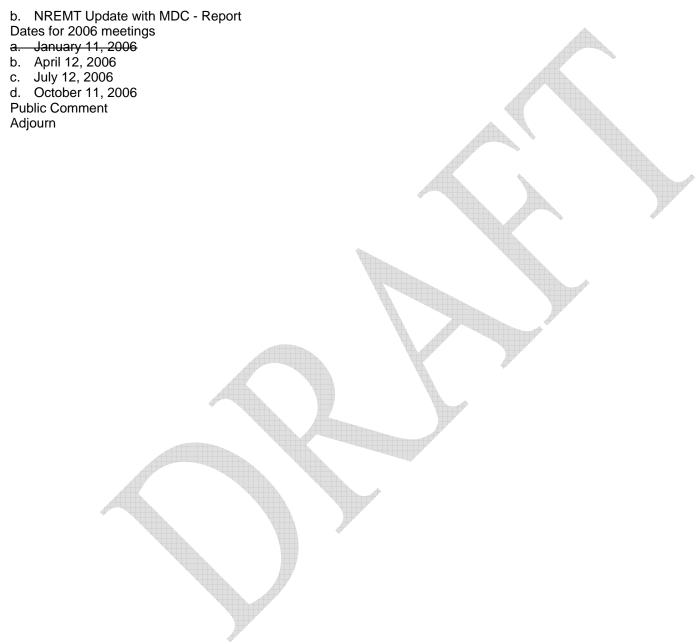
Professional Development Committee Wednesday, April 12, 2006 The Place at Innsbrook 10:30 AM Agenda

- I. Welcome
- II. Introductions
- III. Approval of Minutes from January 11, 2006
- IV. Committee Membership-Warren
- V. Office Staff Warren
 - a. BLS Training Specialist Introduction
 - b. Certification Test Coordinator
 - c. Training Fund Assistant
- VI. NREMT Computer Testing Tom
 - a. Update of Harrisonburg request
 - b. Seat availability
 - c. Concerns
- VII. Ad Hoc Committee
 - a. BLS Accreditation Kathy
 - b. Curriculum Review
 - i. ALS Tom
 - ii. BLS Warren
 - c. EMS Instructor Credentialing Warren
 - d. BLS Certification Test Committee-NEW
 - e. BLS Certification Evaluators Committee-NEW
- VIII. EMS Instructor Updates Greg
- IX. EMS Instructor Institutes Greg
- X. Regulatory Updates
- XI. Funding
 - a. ALŠTF Chad
 - b. BLS Warren
 - c. Status of BLS Funding Process
- XII. Accreditation Update Chad
- XIII. AHA Guidelines and Testing
 - a. BLS Greg
 - b. ALS Tom
- XIV. Old Business
 - a. Web-based CE-Warren
- XV. New Business
 - a. Southside Virginia Community College Update

XVI.

XVII. Public Comment

XVIII. Adjourn



ATTACHMENT B 2005 GUIDELINES MEMO



COMMONWEALTH of VIRGINIA

Robert B. Stroube, M.D. M.P.H State Health Commissioner Department of Health
Office of Emergency Medical Services

109 Governor Street Suite UB-55 Richmond, VA 23219 1-800-523-6019 (VA only) 804-864-7600

FAX: 804-864-7580

Gary R. Brown Director

P. Scott Winston Assistant Director

TO:

EMT-Instructors, OEMS Program Representatives, Regional EMS

Councils, OEMS Certification Examiners, Consolidated Test Site

Coordinators

FROM:

Greg Neiman, BLS Training Specialist

SUBJECT:

Changes to BLS Practical Testing Station, Effective July 1, 2006

DATE:

June 20, 2006

With the implementation of the 2005 AHA Guidelines for CPR and ECC and in an effort to accommodate all students, regardless of which CPR guidelines they were trained under, the following changes to the BLS (AED) Practical Station will be implemented on July 1, 2006.

In accordance with the AHA statements:

"Rescuers should follow the directions of the AED they are using during the rescue. Rescuers should not turn off or interfere in any way with the AED analysis." (Document 268)

"Until AED manufacturers have time to update their devices, we are encouraging all rescuers to continue to follow the voice prompts on the AED they are using." (Document 251)

"The recommendations in the 2005 American Heart Association Guidelines for CPR and ECC confirm the safety and effectiveness of many existing approaches, acknowledge that some may not be optimal, and introduce new treatments that have undergone intensive evaluation. These new recommendations do not imply that care involving the use of earlier guidelines is either unsafe or ineffective. This includes the use of 15:2 CPR, and AEDs that are designed to conform to those earlier guidelines. People should continue to perform CPR just as they were last trained and follow the prompts of the AED that they are using." (Document 253):

no alterations will be made in the current use of LP-500T, including pausing or turning



off the AED. Students should be told to respond to and follow the prompts of the AED they are presented with in the station. This reflects what they will be faced with in a real emergency until all public and agency AED's have been upgraded or replaced.

In order to accommodate all students, only a couple of changes needed to be made in the scenarios and evaluation:

- 1) The evaluator will stop the scenario after 7 minutes. This will allow the students to be evaluated on their CPR and AED use, but will not require students trained under either Guideline to make a transport determination since no decision of when to initiate transport under the 2005 Guidelines has been established. As a result, students can no longer fail for "F140 Exceeded Time Limit."
- 2) "D132 Begins analysis within 2 minutes of beginning assessment" has been changed to "D132 Begins analysis within 3 minutes of beginning assessment". This will allow 2005 Guidelines students to perform 5 cycles or about 2 minutes of 30:2 CPR while applying the AED and then push analyze. If 2000 Guidelines students choose to do 1 minute of CPR while applying the AED they will always meet this item. This is designed so that regardless of which Guidelines the students were trained under they can initiate CPR and AED analysis within an appropriate time.
- 3) "E139 Properly Performs Chest Compressions, as indicated" Students are expected to perform the ratios specific to the Guidelines they were trained under either 15:2 or 30:2. Whichever ratio the student begins with they will be expected to perform to that standard throughout the station. Evaluators will not need to ask which Guidelines the students were trained under since they may not know, but rather evaluate them based on which ratio they choose to perform. EMT-Instructors should pair students with the same CPR training to avoid complications during testing.

These changes will allow for testing of any student in the use of an AED and will not penalize the student based upon the Guidelines they have been trained under.

The revised scenarios will be distributed to the OEMS Program Reps for distribution to the appropriate personnel.

EMT Instructors and CTS Coordinators please make and distribute copies of this letter to your students and all evaluators so they can be familiar with these changes.

These changes are a temporary measure which may require updates in the future as we replace the LP500T and more students are trained under the 2005 Guidelines.

If you have any questions or concerns, please do not hesitate to contact me.

ATTACHMENT C CSDR MEMO



COMMONWEALTH of VIRGINIA

Robert B. Stroube, M.D. M.P.H State Health Commissioner Department of Health
Office of Emergency Medical Services

Gary R. Brown Director

P. Scott Winston Assistant Director 109 Governor Street Suite UB-55 Richmond, VA 23219 1-800-523-6019 (VA only) 804-864-7600

FAX: 804-864-7580

TO:

EMT-Instructors and ALS Coordinators

FROM:

Greg Neiman, BLS Training Specialist Tom Nevetral, ALS Training Specialist

SUBJECT:

Implementation of CSDR for all Initial programs.

Effective August 1, 2006

DATE:

June 20, 2006

Recently, improvements have been added to the CSDR, namely, the ability of the Instructor to print the Test Eligibility Letter at the time of marking students as "PASS." Details will be forthcoming on how to go about using this and other features.

Implementation and testing of the new features took longer than anticipated which caused documentation to the field to be delayed. As a result, we are moving the mandatory CSDR use date to:

AUGUST 1, 2006 for all initial BLS Programs.

Instructors of BLS programs are required to complete the CSDR for any program that ends after August 1, 2006. All BLS and ALS students will be required to have a Test Eligibility Letter at all Consolidated Test Sites/National Registry Test Sites after August 1, 2006.

Your assistance in distributing this information is appreciated. Details on the use of the CSDR and the new features will be distributed to the field prior to July 1, 2006.

I apologize for the concern this issue has raised, but feel this is the best course of action.

If you have any questions or concerns, please do not hesitate to contact me immediately.

Gregory S. Neiman, BA, NREMTP

Gregor S. Neimar, BA, NREMTP

BLS Training Specialist

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ATTACHMENT D AD-HOC COMMITTEE LIST

Division of Educational Development EMT-Basic Curriculum Update Committee – Ad-hoc

Organization Represented	Primary Representative
Blue Ridge EMS	Carla Mann
Central Shenandoah EMS	Shaun Carpenter
Lord Fairfax EMS	Rob Phillips
Northern Virginia EMS	Patricia Mercer
Old Dominion EMS Alliance	Tracey Giddens-Jarrett
Peninsulas EMS	Russell Barnes
Professional Development Committee	Linda Johnson
Rappahannock EMS	David Morris
Regional EMS Councils Executive Group	Ray George
Southwest Virginia EMS	Theresa Kingsley
Thomas Jefferson EMS	Cookie Conrad
Tidewater EMS	Jimmy Harton
VAGEMSA	Rondall Early
Western Virginia EMS	Carl Rochelle

Division of Educational Development EMS Instructor Credentialing Committee – Ad-hoc

Organization Represented	Primary Representative
Professional Development Committee-Chair	Nick Klimenko
Medical Direction Committee Member	
2 Year College Representative	Lorna Ramsey
4 Year College Representative	
VAVRS Representative	Edward Bish
EMS Regional Councils Representative	Connie Purvis
ALS Coordinator	June Leffke
EMT Instructor	Jose Salazar
OEMS Program Representative	Wayne Berry

Division of Educational Development BLS Certification Test Committee – Ad-hoc

Organization Represented	Primary Representative
Professional Development Committee-Chair	Jeff Reynolds
EMT Instructor-Eastern Region	Mel Losick
EMT Instructor-Central Region	
EMT Instructor-Northern Region	Tom Olander
EMT Instructor-Western Region	Steve Wade
EMS Regional Councils Representative	Debbie Akers
VAVRS Representative	Dreama Chandler
Accredited Programs Representative	Helen Nelson
OEMS Program Representative	PJ Fleenor

Division of Educational Development BLS Certification Evaluator Committee – Ad-hoc

Organization Represented	Primary Representative
Professional Development Committee-Chair	Linda Johnson
EMT Instructor-Eastern Region	Jason Sweet
EMT Instructor-Central Region	
EMT Instructor-Northern Region	Marcia Pescitani
EMT Instructor-Western Region	Kester Dingus
BLS Test Evaluator	Linda Harris
EMS Regional Councils Representative	Laura Walker
VAVRS Representative	Gary Dalton
Accredited Programs Representative	
OEMS Program Representative	Chris Corbin

ATTACHMENT E DRAFT-PROVIDER SURVEY

The Office of EMS is conducting a survey of candidates who have just completed an initial (basic) program leading to a new level of certification. This survey is intended to assist ad hoc committees of the Professional Development and Medical Direction Committees investigate methods to improve EMS education. The Committee members and the Office of EMS appreciate you taking time to complete this survey. Your participation is voluntary. Your responses will remain anonymous.

Please do not mark on this survey. Place your answers on the answer sheet provided to you with this survey. Be sure your response to an item is in the row numbered the same as the item you are responding too.

- 1) At what level of certification are you testing?
 - A. First Responder
 - B. EMT
 - C. Enhanced
 - D. Intermediate
 - E. Paramedic
- 2) How long have you been in EMS?
 - A. I am not in EMS
 - B. 0-5 years
 - C. 6-10 years
 - D. 10-15 years
 - E. ≥ 16 years
- 3) Gender
 - A. Female
 - B. Male
- 4) Do you know who the course coordinator for your EMS educational program was?
 - A. Yes
 - B. No
- 5) Do you know who the physician course director for your program was?
 - A. Yes
 - B. No
- 6) Approximately how many times did you meet the programs physician course director?
 - A. 0 (not at all)
 - B. 1-2 times
 - C. 3-4 times
 - D. 5-6 times
 - E. ≥ 7 times

- 7) Did your program's coordinator teach the entire LECTURE portion alone or did the coordinator have assistants?
 - A. Taught the lecture portion of the program alone (by themselves)
 - B. The coordinator had assistants for the LECTURE portion of this program.
- 8) What percentage of your program would you estimate that instructors for the lecture aspects of the program were absent.
 - A. 0% 10%
 - B. 11% 25%
 - C. 26% 50%
 - D. 51% 75%
 - E. ≥ 76%
- 9) Your instructors were on time for the lecture aspect of the program what percentage of the time?
 - A. 0% 10%
 - B. 11% 25%
 - C. 26% 50%
 - D. 51% 75%
 - E. $\geq 76\%$
- 10) Estimate the number of lab sessions (practical skills sessions) the coordinator conducted for the program.
 - A. 0-5
 - B. 6 10
 - C. 11 15
 - D. 16 20
 - E. ≥ 21
- 11) During your lab sessions (practical skills sessions) how many students were assigned to an instructor?
 - A. 1 6 students per instructor
 - B. 7 12 students per instructor
 - C. 13 18 students per instructor
 - D. 19 24 students per instructor
 - E. ≥ 25 students per instructor
- 12) What percentage of your program would you estimate that instructors for the lab aspects(practical skills sessions) of the program were absent.
 - A. 0% 10%
 - B. 11% 25%
 - C. 26% 50%
 - D. 51% 75%
 - E. > 76%

 13) Your instructors were on time for the practical aspect of the program what percentage of the time? A. 0% - 10% B. 11% - 25% C. 26% - 50% D. 51% - 75% E. ≥ 76%
For EMT Candidates, did you get to actually practice the following (not just watch but actually participate). ALS candidates skip to Question 41.
14) Setting up and administering oxygen using a non-rebreathing maskA. YesB. No
15) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11
 16) Setting up and administering oxygen using a nasal cannula A. Yes B. No 17) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11 18) Inserting an oro-pharyngeal airway into an airway manikin A. Yes B. No
19) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11

20) Using a Bag Valve Mask and delivering ventilations to an airway manikinA. YesB. No
21) Approximately how many times:
A. 0
B. 1-3
C. 4-6
D. 7-10
E. ≥11
22) Applying and securing a person to a backboard and applying a cervical collar.
A. Yes
B. No
23) Approximately how many times:
A. 0
B. 1-3
C. 4-6
D. 7-10
E. ≥11
24) Applying and securing a person to a short spinal immobilization device.
A. Yes
B. No
25) Approximately how many times:
A. 0
B. 1-3
C. 4-6
D. 7-10
E. ≥ 11
26) Applying rigid board splints to an extremity.
A. Yes
B. No
27) Approximately how many times:
A. 0
B. 1-3
C. 4-6
D. 7-10
E. ≥11

28) Applying a traction splint. A. Yes B. No
29) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11
30) Using an epi-pen. A. Yes B. No
31) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11
32) Administering NTG (simulated) A. Yes B. No
33) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11
34) Administering and using a training metered dose inhaler. A. Yes B. No
35) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11

36) Practice performing a medical assessment.
A. Yes
B. No
37) Approximately how many times:
A. 0
B. 1-3
C. 4-6
D. 7-10
E. ≥ 11
38) Practice performing a trauma assessment.
A. Yes
B. No
B. 110
39) Approximately how many times:
A. 0
B. 1-3
C. 4-6
D. 7-10
E. ≥11
40) Do you believe the program was too long.
A. Yes
B. No
This ends the survey for EMT candidates. Thank you for taking time to complete this survey.
ALS Providers are asked to complete the following questions.
For ALS Candidates, did you get to actually practice the following (not just watch but actually
participate).
41) Inserting a multilumen airway into an airway manikin
A. Yes
B. No
B. 140
42) Approximately how many times:
A. 0
B. 1-3
C. 4-6
D. 7-10
E. ≥11

44) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11
45) Setting up, inserting and evaluating for placement an endotracheal tube. A. Yes B. No
46) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11
47) Applying and securing an intravenous line on a manikin. A. Yes B. No
48) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11
49) Administering medication in a lab setting (not clinical).A. YesB. No
50) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11

43) Using a Bag Valve Mask and delivering ventilations to an airway manikin

A. Yes B. No

51) Applying and securing an ECG monitor.A. YesB. No
52) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11
53) Applying and using a defibrillator. A. Yes B. No
54) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11
55) Interpreting ECG rhythm strips. A. Yes B. No
56) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11
57) Practice performing a medical assessment. A. Yes B. No
58) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11

59) Practice performing a trauma assessment.A. YesB. No
60) Approximately how many times: A. 0 B. 1-3 C. 4-6 D. 7-10 E. ≥ 11
The following pertain to your clinical experience (both hospital and field)
61) Were you given information in class about how the clinical aspect of the program would be conducted? A. Yes B. No
62) Were you able to actually participate in patient care during your clinical experience? A. Yes B. No
63) Did your preceptor on the ambulance allow you to perform ALS skills? A. Yes B. No
64) Did your preceptors on the ambulance critique your field performance? A. Yes B. No
65) Do you believe the program was too long. A. Yes B. No

ATTACHMENT F Guidelines for Video Broadcasting of EMS Programs

Guidelines for Video Broadcasting of EMS Educational Programs

The following are the guidelines program coordinators must follow for two-way electronic transmission (Video streaming) of Initial EMS programs that lead to a new level of certification. These guidelines have been endorsed by the Professional Development Committee. To assure compliance, this document must be signed by both the course coordinator and physician course director and accompany any request for electronic transmission of a program with the Course Approval Request Form.

- 1. Self study programs using electronic media such as web based programs are not allowed. Only programs that use electronic media as real time two-way audio and video transmissions are eligible.
- 2. If a program chooses to use this type of classroom, they must announce it to the Office of EMS with the Course Approval Request Form. The Course Coordinator must indicate in writing the desire to use such media which must accompany the Course Approval Request Form when announcing the course.
- 3. Remote sites must comply with the requirements of the Regional Council in which they are located to offer courses in that Region and any other requirements established by but not limited to the Office of EMS, VCCS and Department of Education, where applicable.
- 4. Each remote site and course coordinator must assure that there is a proctor present for the entire broadcast for all didactic portions of the program. The remote site proctor is responsible for assuring the electronics are fully operational (both receiving and transmitting video and audio), must be familiar with operating the remote site electronic equipment and be responsible to having students sign the class roster for each session. The roster must be submitted to the course coordinator.
- 5. Any lab activities at the remote site must have direct on-site supervision by an EMT Instructor for BLS Courses or a qualified instructor certified at or above the level of instruction for ALS Courses. If the instructor acts as the remote site proctor, he or she assumes the responsibility of the class roster.
- 6. In cases where the remote site proctor is absent or when the remote site electronics are not fully operational (transmit and receive audio and video) the class must be made up at a later date either in person or another video broadcast.
- 7. All course tests for the program whether at the origin or remote site must comply with #4 above.
- 8. Remote sites will follow all course and state regulations.
- 9. The course coordinator and the physician course director share equally responsibility for assuring the course complies with all appropriate Office of EMS standards, regulations, and policies.
- 10. The Course Coordinator must maintain records of student participation in the Approved Alternative Presentation Format and submit continuing education records for each involved student for programs used for continuing education purposes.
- 11. Non-Compliance with these regulations will result in removal of Office approval and students will lose eligibility for certification testing at the level of certification the program is designed to deliver. Further, the course coordinator may face disciplinary action from the Office of EMS.
- 12. Letters of agreement must be included from the remote sites that they have reviewed the guidelines and agree to abide by them.

Course Coordinator Signature	Date	Course Coordinator Printed Name
OMD/PCD Signature	Date	OMD/PCD Printed Name

ATTACHMENT G EMT-B Pilot Request Letter



COUNTY OF PRINCE WILLIAM

1 County Complex Court (MC470), Prince William, Virginia 22192-9201 (703) 792-6800 Metro 631-1703, Ext. 6800, FAX 792-7691

DEPARTMENT OF FIRE & RESCUE

Mary Beth Michos Chief

July 12, 2006

Warren Short, Training Manager Division of Educational Development Virginia Office of EMS 109 Governor St UB-55 Richmond VA 23219

Dear Mr. Short:

On behalf of the Virginia Accredited Advanced Life Support programs listed below, and in an effort to assist the Virginia Office of EMS in exploring new avenues of offering Emergency Medical Technician Basic (EMT-B) education, we ask that the Office of EMS to provide guidelines for the development and piloting of EMT-B education using accreditation concepts. This includes allowing us the opportunity to conduct these pilot programs in the very near future.

Prince William County Paramedic Program – Thomas Jarman Roanoke Valley Regional Fire Training Center – Dave Hoback J. Sargeant Reynolds Community College – Hanover Fire – Randy Abernathy Tidewater Community College, Va. Beach Campus – Lorna Ramsey

We believe that for Virginia to continue providing adequate and quality education in stride with pre-hospital and allied health trends, new avenues for delivering this EMS training need exploring, specifically with the EMT-B program. The Office of EMS has proposed some ideas for conducting EMT-B education that addresses many of our concerns about costs, personnel and availability. This proposal is offered to provide feedback on this concept.

Working with the Office of EMS, we offer our services to pilot this concept. We agree to the pilot guidelines established by the Office of EMS and are willing to work with the Office to investigate how these concepts presented to the Advisory Board in 2005 may improve the EMS System. We support ideas that encompass moving EMS into the future and to following the recommendations published in the EMS Agenda for the Future and EMS Education Agenda for the Future.

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In conclusion, we feel these ideas are in line and synergistic with the latest Institutes of Medicine report "Future of Emergency Care: Emergency Medical Services at the Crossroads." We look forward to working with you and the rest of the Division of Education and Development staff to help this pilot progress towards fruition. If you have any further needs, please feel free to contact me at your convenience. Thank you for your attention to this matter and your forthcoming response.

Sincerely

Lieutenant Thomas Jarman, NREMT-P

Program Director

"An Accredited A.L.S. Education Program"

ATTACHMENT H EMT-B Pilot Guidelines

EMT-B Pilot Guidelines: REVISED

- 1) Following administrative guidelines established by your Accreditation standards as appropriate.
- 2) Conduct the EMT-B Program following the:
 - a. Curriculum
 - b. Competency Standards from the Office
 - c. In-house summary examination
- 3) Maintain records in addition to accreditation standards as requested by the Office to include, but not limited to:
 - a. Individual class length
 - b. Class and course evaluations by students and instructors
- 4) Program recommendations by the pilot programs to the Office maintaining an on-going dialog between the Pilot Programs, the Office and the PDC.

In exchange the Office will:

- 1) Allow for a 2.5 year pilot
- 2) Allow the EMT class be exempt from the requirement of a certified EMT Instructor be present in the classroom
- 3) Allow for the class size to be dictated by resources.
- 4) Allow labs at 6 students/1 instructor